

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31307

State File No.

BIRTH NO.		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5823</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - NEW MADRID</u> c. LENGTH OF STAY (In this place) <u>1 DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>UNK.</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>EAST ST. LOUIS</u> d. STREET ADDRESS (If rural, give location) <u>8120 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>CARL</u> c. (Last) <u>ANDERSON</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>7</u> (Year) <u>1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK.</u>		8. DATE OF BIRTH <u>UNK.</u>		9. AGE (In years last birthday) <u>UNK.</u>		10. AGE (In years last birthday) <u>UNK.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNK.</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>UNK.</u>		13b. MOTHER'S MAIDEN NAME <u>UNK.</u>		14. NAME OF HUSBAND OR WIFE <u>UNK.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>321-19-4000</u>		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No. Medical Attendant.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By all recent death was</u> DUE TO (c) <u>due to acute myocarditis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>431X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.							
22a. SIGNATURE <u>Dr. H. J. Conner</u> (Degree or title)		22b. ADDRESS <u>New Madrid, Mo</u>		22c. DATE SIGNED <u>Sept 8-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9 SEPT. 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL CREMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Sept 18-54</u>		REGISTRAR'S SIGNATURE <u>Mus Claude Bates Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's Quetta</u>		ADDRESS <u>New Madrid, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.